



TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE

To the Local Permit Agent:

Date: 7-3-09

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Charles Daviau

ADDRESS: 390 CONNOR AVE
Holyoke ma 01040

TELEPHONE: (413) 210-1672

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: celebirty cab

DATE OF BIRTH: 10-23-78 SOCIAL SECURITY #: _____

HEIGHT: 5-07 WEIGHT: 180 HAIR: Black EYES: Blue

DRIVER'S LICENSE #: _____

DATE OF EXPIRATION: 10-23-2010

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Charles Daviau

APPROVED/NOT APPROVED: Michael R. S. 7/21/09
Inte Chief of Police Date

Date Approved/Denied: _____ License # _____

Remarks: _____

